

Sheet 1 of 2

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					

INDICATE BY DIAGRAM WHAT HAPPENED

B6-042449



Indicate
North
by Arrow

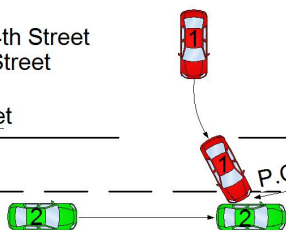


P.O.I.

192' W of W Curb of S 14th Street
13' S of N Curb of K Street

To S 13th Street

To S 14th Street



K Street

All measurements are approximate

Not To Scale

D2 stated he was EB on K Street between S 13th Street and S 14th Street in the second lane south of the north curb. D2 stated V1 was leaving the lot of 440 S 13th Street and turned into his vehicle, causing an accident. D2 stated V1 struck the middle of his vehicle. D1 stated she was leaving the parking lot at 440 S 13th Street to turn EB onto K Street. D1 stated she did not see V2 traveling EB on K Street. D1 stated she then collided with V2 causing an accident. No independent witnesses. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
WITNESSES	NAME			ADDRESS		PHONE
	NAME			ADDRESS		PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1		VEH 2		VEH 3				
VEH NO.	N	S	E	W																					ROAD OR HIGHWAY NAME		
1			X		K STREET																						
2				X	K STREET																						
1	06				06 Turning left 07 Making U-turn				POINT OF IMPACT 02				POINT OF IMPACT 07														
2	01				08 Entering traffic lane				MOST DAMAGED AREA 02				MOST DAMAGED AREA 07														
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02 03 04												
02 Backing					10 Parked					09 Top & windows					01 05												
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08 07 06												
04 Overtaking/Passing					12 Other					11 Total (all areas)																	
05 Turning right					13 Unknown					12 Other																	
OFFICER NO. 1686					TROOP/TEAM/BEAT CE					DEPARTMENT Lincoln Police Department										TOTAL OCCUPANTS		VEH 1		VEH 2		VEH 3	
INVESTIGATOR NAME (Print or Type) Matthew Schiefelbein										INVESTIGATOR SIGNATURE Approved by Officer Matthew Schiefelbein										DATE OF REPORT 05/15/2016		ALCOHOL/DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown					